

CERTIFICATION OF GOOD FAITH OF PROPERTY OWNER NOTIFICATION

County _____ Property Owner Notification Sent _____
(date)

County Coordinator _____
(please print)

I certify that a "Good Faith" effort to notify all owners of property scheduled for treatment in the current year Michigan Gypsy Moth Suppression Program has been made. Attached is a copy of the letter sent to property owners at least 30 days prior to anticipated treatment.

County Coordinator _____
(signature)

Dated this _____ day of _____, 20 ____.